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Atun R, Vigo D, Thornicroft G. Challenges to estimating the true global burden of mental disorders - Authors' reply. *Lancet Psychiatry*. 2016;3(5):403-4.

We thank Whiteford and colleagues for their correspondence and well-considered comments,<sup>1</sup> which provide valuable contribution to the debate on the burden of mental illness and to our recent analysis in *Lancet Psychiatry*.<sup>2</sup> We share the views on the arbitrary division of neuropsychiatric disorders, the need to identify pain syndromes attributable to mental illness, inclusion of personality disorders in the estimates of mental illness burden, and quantifying the contribution of mental illness to premature mortality. These are important research areas that need further development. Whiteford and colleagues rightly express important methodological caveats when estimating burden of mental illness, such as the need to quantify effect-sizes for risk of self-harm, establish a case definition for somatoform disorders, and to develop better estimates for co-occurrence of personality and other mental disorders. We concur with these important research priorities and the need to address methodological and data challenges to provide more precise estimates of the burden of mental illness, which are needed to inform the development of a health systems response commensurate with the burden. Notwithstanding methodological challenges 0% attribution of chronic pain syndromes to mental illness underestimates of mental illness burden as does the attribution of 100% self-harm burden to the heading of *Injuries*.<sup>3</sup> Ferrari and colleagues proposed a partial correction reattributing 0.9% of global DALYs to mental illness, but erred on the side of caution by imposing a ceiling of 68.3% to suicides attributable to mental illness in China and India.<sup>4</sup> Phillips work allows for a very different conclusion: it is the exclusion of sub-syndromic depressive states and personality disorders that underestimate the causal link of mental illness and suicide. Indeed, in later work he finds underlying depression prevalence doubles when using culturally appropriate probes.<sup>5</sup> Exclusion of more than a third of self-harm DALYs from mental disorders leads to unjustified underestimation the burden of mental illness, given the under reporting in many countries, including in China and India, due to stigma, which compounds the exclusion of personality disorders and sub-syndromic states. There is clearly a trade-off between upholding GBD assumptions and providing a more realistic estimate of mental illness burden -while noting data limitations and uncertainties- to inform policy for an area that for too long has been starved of funding worldwide.

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